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CONFIRMATION NO. 5415

<b>SERIAL NUMBER</b> 10/538,686	<b>FILING OR 371(c) DATE</b> 06/10/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 36470-218722
<b>APPLICANTS</b> Chung-Il Hong, Chicago, IL; Hee-Jong Shin, Wonmi-gu, KOREA, REPUBLIC OF; Min-Hyo Ki, Cheonan-si, KOREA, REPUBLIC OF; Mee-Hwa Choi, Cheonan-si, KOREA, REPUBLIC OF;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/KR03/02700 12/10/2003				
<b>** FOREIGN APPLICATIONS *****</b> REPUBLIC OF KOREA 10-2002-0078778 12/11/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 13
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 26694				
<b>TITLE</b> Oral formulations for poorly absorptive hydrophilic drugs				
<b>FILING-FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	